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CONFIRMATION NO. 7197

<b>SERIAL NUMBER</b> 10/783,906	<b>FILING OR 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 251	<b>GROUP ART UNIT</b> 3753	<b>ATTORNEY DOCKET NO.</b> A2-30US1
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## APPLICANTS

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OK, ASL 04 SEPT 2007

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/448,995 02/20/2003

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None, ASL 04 SEPT 2007

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 28 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ASL</i>				

## ADDRESS

41664

## TITLE

Automatic bathroom flushers with modular design

<b>FILING FEE RECEIVED</b> 1956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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